

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Da Vinci Dental, Ltd.	
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and doing business as names	
3. Debtor's federal Employer Identification Number (EIN)	47-4829922	
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	1000 E. Ogden Ave. Naperville, IL 60563 Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	DuPage County	Location of principal assets, if different from principal place of business
		Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	https://www.drojje.com/	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Da Vinci Dental, Ltd.**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**6212**

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Da Vinci Dental, Ltd.** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No  
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- ☒ 1-49  
☐ 50-99  
☐ 100-199  
☐ 200-999
- ☐ 1,000-5,000  
☐ 5001-10,000  
☐ 10,001-25,000
- ☐ 25,001-50,000  
☐ 50,001-100,000  
☐ More than 100,000

15. Estimated Assets
- ☐ \$0 - \$50,000  
☒ \$50,001 - \$100,000  
☐ \$100,001 - \$500,000  
☐ \$500,001 - \$1 million
- ☐ \$1,000,001 - \$10 million  
☐ \$10,000,001 - \$50 million  
☐ \$50,000,001 - \$100 million  
☐ \$100,000,001 - \$500 million
- ☐ \$500,000,001 - \$1 billion  
☐ \$1,000,000,001 - \$10 billion  
☐ \$10,000,000,001 - \$50 billion  
☐ More than \$50 billion

16. Estimated liabilities
- ☐ \$0 - \$50,000  
☐ \$1,000,001 - \$10 million  
☐ \$500,000,001 - \$1 billion

Debtor	<b>Da Vinci Dental, Ltd.</b>	Case number (if known)
	Name	
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor **Da Vinci Dental, Ltd.** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 11, 2023**  
MM / DD / YYYY

**X /s/ James Ojeh**  
Signature of authorized representative of debtor  
  
Title **President**

**James Ojeh**  
Printed name

**18. Signature of attorney**

**X /s/ O. Allan Fridman**  
Signature of attorney for debtor

Date **September 11, 2023**  
MM / DD / YYYY

**O. Allan Fridman 6274954**  
Printed name

**Law Office of Allan Fridman**  
Firm name

**555 Skokie Blvd 500**  
**Northbrook, IL 60062**  
Number, Street, City, State & ZIP Code

Contact phone **847-412-0788** Email address **allan@fridlg.com**

**6274954 IL**  
Bar number and State

**Da Vinci Dental LTD.**

**Balance sheet as of 8/23 2023**

**Current Assets:**

**Cash in Bank accounts: \$1727.86**

**Liabilities and capital**

**Current Liabilities:**

<b>SBA Loan</b>	<b>\$74,000</b>
<b>Five Star Bank</b>	<b>\$184.659</b>
<b>Forward Financing</b>	<b>\$20,496</b>
<b>Business Backers</b>	<b>\$30,540</b>
<b>US Bank Equipment</b>	<b>\$121,642.79</b>
<b>Amex Business Credit Card</b>	<b>\$15,680</b>
<b>US Bank Business Credit Card</b>	<b>\$3,211.06</b>

**Total Liabilities \$450,228.85**

**Capital:**

<b>Sales:</b>	<b>\$253,958.7</b>
<b>Withdrawals</b>	<b>\$252,230.84</b>

**Total Capital \$1727.86**

Da Vinci Dental LTD

Profit & Loss

September 2022 through August 2023

Ordinary Income/Expense

Income from sales: \$351,563.61

Total Income: \$351,563.61

Expense:

Accounting \$2965

Promotions \$1124.39

Chriad Data Driven Dental marketing \$8267.52

Bank service Charges \$1142.88

Charitable Contributions

NFG Paws of War \$880

Credit card machine expense \$6721.92

Credit reporting services \$299.88

Dental Supplies:

Amazon \$4013.28

Paterson Dental \$619.63

Henry Schein Dental \$6696.16

Dental Savings \$359.27

Net 32 \$690.94

Total dental supplies: \$12382.28

Office supplies \$1662.54

Fuel \$1269.75

Tollway \$50

Payroll salaries \$68,527.48

Payroll Taxes \$24,706.81

Postal services \$590.09

Comcast \$3692

T-Mobile \$2971.16

Rent \$41,977

CAM Bills \$9,827.70

Car Insurance \$794

Business Liability & Work comp insurance

\$3,272.35

Professional Malpractice insurance \$1380.87

Amex Credit Card \$255.27

Dental Lab services

Albensi Dental lab \$12,756.55

DDS dental Lab \$359.27

Otec Dental Lab \$4,385.10

Loan payments

Business Backers \$9,499

US Bank Equipment \$8200

Forward Financing \$27,485

Five Star Bank \$9,288

SBA Loan \$2172

Digital Services

Amazon \$622.67

Website hosting \$1040.79

Netflix \$219.71

Hulo \$974.88

eFax \$221.76

Hushmail HIPPA Email service \$269.88

Deputy Time clock service \$361.90

Google Digital Service \$497.59

PayPal \$63.22

Il Dept. of revenue \$3,299.88



Meals \$865.54

Water Delivery Service \$375.03

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Total Expense \$320,707.30

Net Ordinary Income \$30,855.79

Form **8879-CORP****E-file Authorization for Corporations**

(December 2022)

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_**Use for efile authorizations for Form 1120, 1120-F or 1120S.****Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.**

OMB No. 1545-0123

Name of corporation

DA VINCI DENTAL, LTD

Employer identification number

47-4829922

**Part I Information** (Whole dollars only)

<b>1</b>	Total income (Form 1120, line 11) . . . . .	<b>1</b>	
<b>2</b>	Total income (Form 1120-F, Section II, line 11) . . . . .	<b>2</b>	
<b>3</b>	Total income (loss) (Form 1120-S, line 6) . . . . .	<b>3</b>	350855

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize FIRST AMERICAN TAX to enter my PIN 

1	9	9	2	2
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 as my signature  
ERO firm name  
on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_ Title PRESIDENT

**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	0	6	5	0	1	4	8	1	9
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature FIRST AMERICAN TAX  
ALEX ZORAB Date 03/09/2023

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **1120-S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue ServiceDo not file this form unless the corporation has filed or  
is attaching Form 2553 to elect to be an S corporation.Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.**2022**

For calendar year 2022 or tax year beginning , 2022, ending , 20

<b>A</b> S election effective date 08/18/2015	<b>TYPE OR PRINT</b>	Name DA VINCI DENTAL, LTD	<b>D</b> Employer identification number 47-4829922
<b>B</b> Business activity code number (see instructions) 621210		Number, street, and room or suite no. If a P.O. box, see instructions. 1 TIFFANY PT STE 207	<b>E</b> Date incorporated 08/18/2015
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code BLOOMINGDALE, IL 60108	<b>F</b> Total assets (see instructions) \$ 8574

**G** Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination**I** Enter the number of shareholders who were shareholders during any part of the tax year . . . . . 1**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b>	350855	
	<b>b</b> Returns and allowances . . . . .	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a . . . . .			<b>1c</b> 350855
	<b>2</b> Cost of goods sold (attach Form 1125-A) . . . . .			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>3</b> 350855
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .			<b>4</b>
<b>5</b> Other income (loss) (see instructions—attach statement) . . . . .			<b>5</b>	
<b>6</b> <b>Total income (loss).</b> Add lines 3 through 5 . . . . .			<b>6</b> 350855	
<b>Deductions</b> (see instructions for limitations)	<b>7</b> Compensation of officers (see instructions—attach Form 1125-E) . . . . .			<b>7</b>
	<b>8</b> Salaries and wages (less employment credits) . . . . .			<b>8</b> 106660
	<b>9</b> Repairs and maintenance . . . . .			<b>9</b> 230
	<b>10</b> Bad debts . . . . .			<b>10</b>
	<b>11</b> Rents . . . . .			<b>11</b> 5946
	<b>12</b> Taxes and licenses . . . . .			<b>12</b>
	<b>13</b> Interest (see instructions) . . . . .			<b>13</b>
	<b>14</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			<b>14</b>
	<b>15</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> ) . . . . .			<b>15</b>
	<b>16</b> Advertising . . . . .			<b>16</b>
	<b>17</b> Pension, profit-sharing, etc., plans . . . . .			<b>17</b>
	<b>18</b> Employee benefit programs . . . . .			<b>18</b>
	<b>19</b> Other deductions (attach statement) . . . . .			<b>19</b> 165475
	<b>20</b> <b>Total deductions.</b> Add lines 7 through 19 . . . . .			<b>20</b> 278311
	<b>21</b> <b>Ordinary business income (loss).</b> Subtract line 20 from line 6 . . . . .			<b>21</b> 72544
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions) . . . . .	<b>22a</b>		
	<b>b</b> Tax from Schedule D (Form 1120-S) . . . . .	<b>22b</b>		
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes) . . . . .			<b>22c</b>
	<b>23a</b> 2022 estimated tax payments and 2021 overpayment credited to 2022 . . . . .	<b>23a</b>		
	<b>b</b> Tax deposited with Form 7004 . . . . .	<b>23b</b>		
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23c</b>		
	<b>d</b> Add lines 23a through 23c . . . . .			<b>23d</b>
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>			<b>24</b>
	<b>25</b> <b>Amount owed.</b> If line 23d is smaller than the total of lines 22c and 24, enter amount owed . . . . .			<b>25</b>
	<b>26</b> <b>Overpayment.</b> If line 23d is larger than the total of lines 22c and 24, enter amount overpaid . . . . .			<b>26</b>
<b>27</b> Enter amount from line 26: <b>Credited to 2023 estimated tax</b> <b>Refunded</b> . . . . .			<b>27</b>	

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title
		PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name ALEX ZORAB	Preparer's signature	Date 03/09/2023	Check <input type="checkbox"/> if self-employed	PTIN P00324819
	Firm's name FIRST AMERICAN TAX	Firm's EIN 46-0481531			
	Firm's address 6600 S PULASKI RD CHICAGO IL 60629	Phone no. 773-582-4272			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2022)

**Schedule B Other Information** (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No		
2	See the instructions and enter the: a Business activity <u>OFFICES OF DENTIST</u> b Product or service <u>DENTAL CLINIC</u>				
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .		X		
4	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .		X		
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .		X		
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . . If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock . . . . . (ii) Total shares of non-restricted stock . . . . .		X		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . . If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year . . . . . (ii) Total shares of stock outstanding if all instruments were executed . . . . .		X		
6	Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .		X		
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.				
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions . . . . . \$ _____				
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .		X		
10	Does the corporation satisfy one or more of the following? See instructions . . . . .		X		
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.				
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).				
11	Does the corporation satisfy both of the following conditions? . . . . .		X		
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000.				
b	The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .		X
	If "Yes," enter the amount of principal reduction . . . . . \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? . . . . .		X
b	If "Yes," did or will the corporation file required Form(s) 1099? . . . . .		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
	If "Yes," enter the amount from Form 8996, line 15 . . . . . \$		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21) . . . . .	1	72544
	2 Net rental real estate income (loss) (attach Form 8825) . . . . .	2	
	3a Other gross rental income (loss) . . . . . 3a		
	b Expenses from other rental activities (attach statement) . . . . . 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a . . . . .	3c	
	4 Interest income . . . . .	4	
	5 Dividends: a Ordinary dividends . . . . . 5a		
	b Qualified dividends . . . . . 5b		
	6 Royalties . . . . .	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . .	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . .	8a		
b Collectibles (28%) gain (loss) . . . . . 8b			
c Unrecaptured section 1250 gain (attach statement) . . . . . 8c			
9 Net section 1231 gain (loss) (attach Form 4797) . . . . .	9		
10 Other income (loss) (see instructions) . . . . . Type:	10		
Deductions	11 Section 179 deduction (attach Form 4562) . . . . .	11	
	12a Charitable contributions . . . . .	12a	
	b Investment interest expense . . . . .	12b	
	c Section 59(e)(2) expenditures . . . . . Type: . . . . .	12c	
d Other deductions (see instructions) . . . . . Type:	12d		
Credits	13a Low-income housing credit (section 42(j)(5)) . . . . .	13a	
	b Low-income housing credit (other) . . . . .	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . .	13c	
	d Other rental real estate credits (see instructions) Type: . . . . .	13d	
	e Other rental credits (see instructions) . . . . . Type: . . . . .	13e	
	f Biofuel producer credit (attach Form 6478) . . . . .	13f	
	g Other credits (see instructions) . . . . . Type:	13g	
Inter-national	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance . . . . . <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment . . . . .	15a	
	b Adjusted gain or loss . . . . .	15b	
	c Depletion (other than oil and gas) . . . . .	15c	
	d Oil, gas, and geothermal properties—gross income . . . . .	15d	
	e Oil, gas, and geothermal properties—deductions . . . . .	15e	
	f Other AMT items (attach statement) . . . . .	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income . . . . .	16a	
	b Other tax-exempt income . . . . .	16b	
	c Nondeductible expenses . . . . .	16c	
	d Distributions (attach statement if required) (see instructions) . . . . .	16d	
	e Repayment of loans from shareholders . . . . .	16e	
	f Foreign taxes paid or accrued . . . . .	16f	

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income . . . . .	17a
	b Investment expenses . . . . .	17b
	c Dividend distributions paid from accumulated earnings and profits . . . . .	17c
	d Other items and amounts (attach statement)	
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .	18 72544

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash . . . . .		5509		8574
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )		( )	
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .				
10a	Buildings and other depreciable assets . . . . .	256859		256859	
b	Less accumulated depreciation . . . . .	( 256859)		( 256859)	
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )		( )	
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )		( )	
14	Other assets (attach statement) . . . . .				
15	Total assets . . . . .		5509		8574
Liabilities and Shareholders' Equity					
16	Accounts payable . . . . .				
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach statement) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock . . . . .		1000		1000
23	Additional paid-in capital . . . . .				
24	Retained earnings . . . . .		4509		7574
25	Adjustments to shareholders' equity (attach statement) . . . . .				
26	Less cost of treasury stock . . . . .		( )		( )
27	Total liabilities and shareholders' equity . . . . .		5509		8574

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

**Note:** The corporation may be required to file Schedule M-3. See instructions.

<b>1</b>	Net income (loss) per books . . . . .	72544	<b>5</b>	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		<b>a</b>	Tax-exempt interest \$ _____	
<b>3</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		<b>6</b>	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
<b>a</b>	Depreciation \$ _____		<b>a</b>	Depreciation \$ _____	
<b>b</b>	Travel and entertainment \$ _____		<b>7</b>	Add lines 5 and 6 . . . . .	
<b>4</b>	Add lines 1 through 3 . . . . .	72544	<b>8</b>	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	72544

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**  
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b>	Balance at beginning of tax year . . . . .	4509		
<b>2</b>	Ordinary income from page 1, line 21 . . . . .	72544		
<b>3</b>	Other additions . . . . .			
<b>4</b>	Loss from page 1, line 21 . . . . .	( )		
<b>5</b>	Other reductions . . . . .	( )		( )
<b>6</b>	Combine lines 1 through 5 . . . . .	77053		
<b>7</b>	Distributions . . . . .	69479		
<b>8</b>	Balance at end of tax year. Subtract line 7 from line 6 . . . . .	7574		

LINE 17D OTHER ITEMS	AMOUNT
V - SECTION 199A INFORMATION	72544

17V. Section 199A Information

Name : DA VINCI DENTAL, LTD	TIN: 474829922
Trade: OFFICES OF DENTISTS	
Income	72544
W-2 Wages	106660
Unadjusted Basis	256859



Da Vinci Dental, LTD  
1 Tiffany Pt Ste 207  
Bloomingtondale, IL 60108

James Ojje  
2047 Gardner Circle  
Aurora, IL 60503

Dear James Ojje,

Enclosed is your 2022 Schedule K-1 (Form 1120-S) Shareholder's Share of Income, Credits, Deductions, Etc. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of S Corporation tax items, including income/loss, credit and deductions, and any other information to be reported on your tax return. This information may not correspond to actual distributions you may have received during the year. This information is included in the S-Corporation's 2022 Federal Return that was filed with the Internal Revenue Service. This schedule should be retained with your tax records and other documentation.

If you have any questions concerning this information please do not hesitate to contact us.

Sincerely,

Da Vinci Dental, LTD

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning 2022 ending

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

<b>Part I Information About the Corporation</b>		<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>	
<b>A</b> Corporation's employer identification number 47-4829922		<b>1</b> Ordinary business income (loss) 72544	<b>13</b> Credits
<b>B</b> Corporation's name, address, city, state, and ZIP code DA VINCI DENTAL, LTD 1 TIFFANY PT STE 207 BLOOMINGDALE, IL 60108		<b>2</b> Net rental real estate income (loss)	
<b>C</b> IRS Center where corporation filed return e-file		<b>3</b> Other net rental income (loss)	
<b>D</b> Corporation's total number of shares Beginning of tax year End of tax year		<b>4</b> Interest income	
		<b>5a</b> Ordinary dividends	
		<b>5b</b> Qualified dividends	<b>14</b> Schedule K-3 is attached if checked
		<b>6</b> Royalties	<b>15</b> Alternative minimum tax (AMT) items
		<b>7</b> Net short-term capital gain (loss)	
		<b>8a</b> Net long-term capital gain (loss)	
		<b>8b</b> Collectibles (28%) gain (loss)	
		<b>8c</b> Unrecaptured section 1250 gain	
<b>Part II Information About the Shareholder</b>		<b>9</b> Net section 1231 gain (loss)	<b>16</b> Items affecting shareholder basis
<b>E</b> Shareholder's identifying number 5796		<b>10</b> Other income (loss)	
<b>F</b> Shareholder's name, address, city, state, and ZIP code JAMES OJJEH 2047 GARDNER CIRCLE AURORA, IL 60503			
<b>G</b> Current year allocation percentage 100.0000 %			<b>17</b> Other information V* 72544
<b>H</b> Shareholder's number of shares Beginning of tax year End of tax year		<b>11</b> Section 179 deduction	
<b>I</b> Loans from shareholder Beginning of tax year \$ End of tax year \$		<b>12</b> Other deductions	
For IRS Use Only			
		<b>18</b> More than one activity for at-risk purposes*	
		<b>19</b> More than one activity for passive activity purposes*	
* See attached statement for additional information.			

17V. Section 199A Information

-----  
Name : DA VINCI DENTAL, LTD  
Trade: OFFICES OF DENTISTS

TIN: 474829922

Income	72544
W-2 Wages	106660
Unadjusted Basis	256859

DA VINCI DENTAL, LTD  
47-4829922  
1 TIFFANY PT STE 207  
BLOOMINGDALE, IL 60108

\*\*\*\* Schedule of Other Deductions:

Description	Amount
ACCOUNTING	3840
AUTO EXPENSES	10848
BANK CHARGES	649
CALLING SERVICES	586
CITY OF NEPERVILLE	6147
COMCAST	2014
REFUND	530
CREDIT CARDS	10833
CREDIT REPORT	175
DENTAL SUPPLIES	867
DEPUTY PTY LTD	
DLX FOR BUSINESS	37
EDUCATION	998
FAX SERVICE	193
EQUIPMENT LEASE	20276
IHERB	
INSURANCE	2765
JANITORIAL EXPENSES	
LANDSCAPE	
LEGAL AND PROFESSIONAL FEES	
MARKETING	163
MEDICAL RECORDS AND SUPPLIES	
MEDICAL SERVICES	881
MERCHANT FEES	31
NATIONAL GENERAL	4181
OUTSIDE SERVICE	
PAYROLL TAX	8657
POSTAGE	518
SERVICE FEE	
SMALL MWDICAL EQUIPMENT	
SOFTWARE	560
SPRINT	
SULLIVAN	
SUPPLIES	
TOLLWAY	
WATER SUPPLY	1181
ALBENSI LAB	11145
CHARITY	121
AMAZON	4604
HENRY	5262
NET32	928
OTEC	2083
PATTERSON DEN	204
PAYPAL	767
DUES & SUBSCRIPTIONS	1223
EXP	474
FOX VALLEY	283

DA VINCI DENTAL, LTD  
47-4829922  
1 TIFFANY PT STE 207  
BLOOMINGDALE, IL 60108

\*\*\*\* Schedule of Other Deductions:

<u>Description</u>	<u>Amount</u>
LAUNDRY	12
LEASE	46272
MANAGEMENT SERVICES	59
MEALS AND ENTERTAINMENT	1809
OFFICE EXP	863
OFFICE SUPPLIES	443
PASHA	95
PAYROLL SOFTWARE	125
PROCESSING	6
PROFESSIONAL	8876
UNIFORM	337
TELEPHONE	2554
	-----
	165475

TOTALS:		256859	195635	61224		256859				
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## QNA

Description of Property	Date Acquired	Cost or other Basis	Sec 179	Bonus Deprec	Basis	Accum Deprec	Method Used	Life or Rate	Deprec	ADS Deprec	Next Year's Deprec
EQUIPMENTS	09/25/18	195635	195635			195635	SL	7.0			
EQUIPMENTS	10/01/19	61224			61224	43592	MACRS	5.0	7053		7053
TOTALS:		256859	195635		61224	239227			7053		7053

## QNA

**Fill in this information to identify the case:**

Debtor name Da Vinci Dental, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 11, 2023

X /s/ James Ojeh

Signature of individual signing on behalf of debtor

James Ojeh

Printed name

President

Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name **Da Vinci Dental, Ltd.**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO BOX 6031 Carol Stream, IL 60197-6031		Credit card				\$15,680.51
Business Backer LLC 10856 Reed Hartman Hwy, Suite 100 Cincinnati, OH 45242		90 days or less: Account receivable patient accounts		\$30,400.30	\$9,007.00	\$30,400.30
Five Star Bank -SBA Loan 2240 Douglas Boulevard, Suite 100 Roseville, CA 95661		All tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (c) instruments, including promissory not		\$182,913.46	\$0.00	\$182,913.46
Forward Financing 53 State Street Fax: (617) 981-6910 Boston, MA 02109	dberlin@forwardfinancing.com	90 days or less: Account receivable patient accounts		\$20,496.00	\$9,007.00	\$11,489.00
Illinois Department of Revenue BANKRUPTCY UNIT PO Box 19035 fax 2177852635 Springfield, IL 62794		taxes owed				\$3,751.61

Debtor **Da Vinci Dental, Ltd.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 Philadelphia, PA 19101-7346		941 Taxes				\$43,778.86
US Bank PO Box 790408 Saint Louis, MO 63179		Credit card				\$3,211.06
US Bank Equipment Finance 1310 Madrid St Marshall, MN 56258	terrica.vorvick@usbank.com	Dental Equipment for Exam Rooms Exhibit 1. Six Sonos Play 1		\$121,642.79	\$60,036.20	\$61,606.59
US Small Business Administration 500 W. Madison Street Suite 1150 Chicago, IL 60601	David.DeCelles@sdoj.gov	All tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (c) instruments, including promissory not		\$74,000.00	\$0.00	\$74,000.00

Fill in this information to identify the case:

Debtor name Da Vinci Dental, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **98,525.12**

1c. **Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **98,525.12**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **429,452.55**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **47,530.47**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **18,891.57**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b \$ **495,874.59**

**Fill in this information to identify the case:**

Debtor name Da Vinci Dental, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand** **\$0.00**

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
--	-----------------	---------------------------------	--

3.1. <u>US Bank</u>	<u>Checking</u>	<u>6388</u>	<u>\$14,059.57</u>
---------------------	-----------------	-------------	--------------------

3.2. <u>US Bank</u>	<u>Checking</u>	<u>6412</u>	<u>\$336.35</u>
---------------------	-----------------	-------------	-----------------

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$14,395.92**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. <u>Security Deposit 1000 Ogden Partners</u>	<u>\$6,800.00</u>
--	-------------------

Debtor Da Vinci Dental, Ltd. Case number (If known) \_\_\_\_\_  
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$6,800.00**

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 9,007.00 - 0.00 = .... \$9,007.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 2,048.00 - 1,732.00 = .... \$316.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$9,323.00**

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	12 boxes exams gloves		Unknown	Liquidation	\$80.00
	4 Boxes N95 Masks		\$0.00	Replacement	\$44.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$124.00**

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

Debtor Da Vinci Dental, Ltd. Case number (If known) \_\_\_\_\_  
Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 4 Office Chairs	Unknown	Liquidation	\$100.00
	Leather Couch Loveseat	Unknown		\$250.00
	Large Mirror	Unknown	Liquidation	\$27.00
40.	Office fixtures 20 Wall Art Frames	\$0.00	Liquidation	\$200.00
41.	Office equipment, including all computer equipment and communication systems equipment and software 6 Units Sonos Play -1	Unknown	Liquidation	\$450.00
	Five 42 inch LG Flat Screen	Unknown	Liquidation	\$325.00
	Paper Shredder	\$0.00	Liquidation	\$27.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$1,379.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

Debtor Da Vinci Dental, Ltd. Case number (If known) \_\_\_\_\_  
Name

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<u>2007 Mercedes Benz 208 SLK 68156</u>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$6,367.00</u>
48.	<b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	<u>Dental Equipment for Exam Rooms Exhibit 1</u>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$60,036.20</u>
	<u>Four Air Purifiers</u>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$100.00</u>

51. **Total of Part 8.** Add lines 47 through 50. Copy the total to line 87. \$66,503.20

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Da Vinci Dental, Ltd.** Case number (if known) \_\_\_\_\_  
Name



Debtor Da Vinci Dental, Ltd. Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$14,395.92</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$6,800.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$9,323.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$124.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$1,379.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$66,503.20</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$98,525.12</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$98,525.12</u>

Dental Equipment	Quantity	Value
DENTAL COMPO SERIES 5 DENTAL CHAIR PLUSH WDBK UL GRANITE UPH	5 units at 1542	\$7,710
SWG MT AUTO DTL UNIT & LT	5 units at 1361	\$6,805
REAR ASST PKG, 4POS, CHR TP	5 units at 284	\$1,420
SYS MT SERS LED LIGHT. GY	5 units at 636.4	\$3,182
ISO-C 6-PIN PO HP TUBING		
DELUXE SGL HP LT SRCE SYS		
ACSY CONN BX W/AIR/WTR OD		
UPH. DR STL. GRANITE		
ASSISTANTS STOOL	5 units at 170	\$850
ASST UL STL UPH GRANITE		
ULTRASONIC ACCESSORY PACKAGE		
TI-MAX Z900L STANDARD H[AD	3 units at 325.6	\$977
LED COUPLER PTL-CL-LED	3 units at 83	\$249
XRAY, PREVA DC, DBL STUD MT		\$1,400
AA6, 0-220 HD, FLOOR, LED		\$2,750
POWERAIR SOUND COVER, P32		
KAVO DENTAL ELECTROMATIC PREMIUM		\$1,060
ROOT ZX II APEX LOCATOR		\$324
360 QUICK-CONNECT SEIVEL		
TITAN BLISSONIC SW SCALER	6 units at 319	\$1,914
MIDMARK CORP M11 UL TRACLAVE W/QUIET DOOR		\$1,350
MASTERMATIC LUX M07L CONTRAANG		\$125
INRA LUX L62 ENDO HEAD		\$135
TOUCH N HEAT #5004		\$379
HEAT CARRIER STANDARD		\$19

TOUCH N HEAT HOT PULP TEST TIP		\$31
SERIAL NUMBER V2037602		
POWERAIR OLLESS COMP 3-5		\$2,111
SERIAL NUMBER 181004175673		
DELL BASIC MONITOR		\$57
SERIAL NUMBER SEE INVOICE		
DELL BASIC MONITOR		\$57
SERIAL NUMBER SEE INVOICE		
MICRO/MINI PC MOUNT		
MOUNT INSTALL-SMALL		
CABLE. DISPLAY PORT. 1 FT		
DISPLAY PORT TO HDMI ADPT		
DELL BASIC MONITOR		\$57
SERIAL NUMBER SEE INVOICE		
MICRO/MINI PC MOUNT		
MOUNT INSTALL - SMALL		
CABLE, DISPLAY PORT, 1FT		
SERIAL NUMBER SEE INVOICE		
WAVE ELECTRO SONOS SM-WH		\$450
SERIAL NUMBER SEE INVOICE		
WAVE ELECTRO WAVE SPECIAL ORDER		
SERIAL NUMBER SEE INVOICE		
HP PRODESK 400 MICRO		\$85
SERIAL NUMBER SEE INVOICE		
HP PRODESK 400 MICRO		\$85
SERIAL NUMBER 349658		

ORTHOPHOS XG3D ROY CEPH L		\$5,768
Orthophos XG 3D Ready		\$19,946
	quantity	
HP Mini PC	3 units at \$255	765
Dell Standard Monitor - 22in (DP, VGA)	3 Units at 171	513
SERIAL NUMBER SEE INVOICE		
DELL BASIC MONITOR		\$57
HP MINI SSD		\$85
TOTAL		\$ 60,716.00

## Case number (if known)

page 1 of 3

Debtor **Da Vinci Dental, Ltd.**

Case number (if known)

Name

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.3 Forward Financing**

Creditor's Name

**53 State Street  
Fax: (617) 981-6910  
Boston, MA 02109**

Creditor's mailing address

**dberlin@forwardfinancing.com**

Creditor's email address, if known

Date debt was incurred

**12/6/2022**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No  
☒ Yes. Specify each creditor, including this creditor and its relative priority.

**Specified on line 2.1**

Describe debtor's property that is subject to a lien

**90 days or less: Account receivable patient accounts**

**\$20,496.00**

**\$9,007.00**

Describe the lien

**UCC Lien**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 US Bank Equipment Finance**

Creditor's Name

**1310 Madrid St  
Marshall, MN 56258**

Creditor's mailing address

**terrica.vorvick@usbank.com**

Creditor's email address, if known

Date debt was incurred

**October 13, 2018**

Last 4 digits of account number

**0000**

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Dental Equipment for Exam Rooms Exhibit 1.  
Six Sonos Play 1**

**\$121,642.79**

**\$60,036.20**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 US Small Business Administration**

Creditor's Name

**500 W. Madison Street  
Suite 1150  
Chicago, IL 60601**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**All tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (c) instruments, including promissory notes (d) chattel paper, including tangible chattel paper and electronic chattel paper**

**\$74,000.00**

**\$0.00**

Describe the lien

**UCC Lien**

Debtor **Da Vinci Dental, Ltd.** Case number (if known)

Name

**David.DeCelles@usdoj.gov**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**1221**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$429,452.55**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Alex Darcy  
Darcy & Devassy  
444 N. Michigan Suite 3270  
Chicago, IL 60611  
adarcy@darcydevassy.com**

Line **2.4**

**PATRICIA HILL  
7570 Bales ST  
Suite 220  
West Chester, OH 45069**

Line **2.1**

**U.S. Attorney, Civil Process Clerk  
Attn. David Decelles  
219 S. Dearborn St., Rm. 500  
Chicago, IL 60603  
David.DeCelles@usdoj.gov**

Line **2.5**

**US Small Business Administration  
2 North Street  
Suite 320  
Birmingham, AL 35203**

Line **2.5**

**Fill in this information to identify the case:**Debtor name **Da Vinci Dental, Ltd.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Illinois Department of Revenue BANKRUPTCY UNIT PO Box 19035 fax 2177852635 Springfield, IL 62794</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,751.61</b>	<b>\$1,327.88</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>taxes owed</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$43,778.86</b>	<b>\$23,076.23</b>
	Date or dates debt was incurred <b>11/21/22</b>  Last 4 digits of account number <b>0191</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>941 Taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>American Express PO BOX 6031 Carol Stream, IL 60197-6031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,680.51</b>
	Date(s) debt was incurred _____ Last 4 digits of account number <b>1007</b>	Basis for the claim: <b>Credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor **Da Vinci Dental, Ltd.** Case number (if known) \_\_\_\_\_  
Name

3.2	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank</b> <b>PO Box 790408</b> <b>Saint Louis, MO 63179</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,211.06</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>John Reding, Asst. Atty. Gen.</b> <b>100 W. Randolph St., Ste. 13-222</b> <b>f:3128143589 (john.reding@ilag.gov)</b> <b>Chicago, IL 60601</b>	Line <u>2.1</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Radius Global Solutions LLC (former</b> <b>PO BOX 357</b> <b>Ramsey, NJ 07446</b>	Line <u>3.1</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>U.S. Attorney, Civil Process Clerk</b> <b>Attn. David Decelles</b> <b>219 S. Dearborn St., Rm. 500</b> <b>Chicago, IL 60603</b> <u>David.DeCelles@usdoj.gov</u>	Line <u>2.2</u>  <input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>47,530.47</u>
5b. Total claims from Part 2	5b. + \$ <u>18,891.57</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>66,422.04</u>

Fill in this information to identify the case:

Debtor name Da Vinci Dental, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Five year lease**  
**\$47,289.36 yearly lease**

State the term remaining **48 months**

List the contract number of any government contract \_\_\_\_\_

**1000 Ogden Partners**  
**Steve Steinmetz**  
**1000 East Ogden**  
**Naperville, IL 60563**

Fill in this information to identify the case:

Debtor name Da Vinci Dental, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Dr. James Ojeh

2047 Gardner Circle  
Aurora, IL 60503

US Bank Equipment  
Finance

☒ D 2.4  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 Dr. James Ojeh

2047 Gardner Circle  
Aurora, IL 60503

Business Backer LLC

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 Dr. James Ojeh

2047 Gardner Circle  
Aurora, IL 60503

US Bank

☐ D \_\_\_\_\_  
☒ E/F 3.2  
☐ G \_\_\_\_\_

2.4 Tala Smile Ltd

1000 Ogden Dental  
Naperville, IL 60563

US Bank

☐ D \_\_\_\_\_  
☒ E/F 3.2  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Da Vinci Dental, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From **1/01/2023** to **Filing Date**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$351,563.61**

**For prior year:**  
From **1/01/2022** to **12/31/2022**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$350,855.00**

**For year before that:**  
From **1/01/2021** to **12/31/2021**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$426,033.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Da Vinci Dental, Ltd.**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Forward Financing</b> <b>53 State Street</b> <b>Boston, MA 02109</b>	<b>June 6 2023</b> <b>\$900</b> <b>June 13,</b> <b>2023, \$900</b> <b>June 20,</b> <b>2023 \$900</b> <b>June 27,</b> <b>2023 \$900</b> <b>July 5, 2023</b> <b>\$900</b> <b>July 11,</b> <b>2023, \$900</b> <b>July 25, 2023</b> <b>\$459</b> <b>August 1,</b> <b>2023, \$459</b> <b>August 8,</b> <b>2023 \$459</b> <b>August 15,</b> <b>2023 \$459</b> <b>August</b> <b>22,2023 \$</b> <b>459</b>	<b>\$7,695.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Forward Financing</b> <b>53 State Street</b> <b>Boston, MA 02109</b> <b>None</b>	<b>See Attached Exhibit</b>	<b>\$35,938.70</b>	<b>Receivable loan guaranteed by James Ojeh</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Da Vinci Dental, Ltd.**

Case number (if known)

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Business Backer LLC v. Da Vinci Dental, LTD. 2023 CV 04108</b>	<b>Breach of Contract</b>	<b>In The Common Pleas Court Montgomery County Ohio General Division 41 N Perry St, Dayton, OH 45422</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Law Office of Allan Fridman 555 Skokie Blvd 500 Northbrook, IL 60062</b>	<b>Attorney Fees</b>	<b>8/17/23</b>	<b>\$9,000.00</b>
	Email or website address <b>allan@fridlg.com</b>			
	Who made the payment, if not debtor? <b>Dr. James Ojeh</b>			

Debtor **Da Vinci Dental, Ltd.**

Case number (if known)

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Da Vinci Dental LTd. 1000 E. Ogden Ave. Naperville, IL 60563</b>	<b>Dental Practice</b>	<b>1900</b>
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>1000 Ogden Ave., Naperville, IL 60563</b>	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

**Insurance Information, date of birth, copies of insurance**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

Debtor **Da Vinci Dental, Ltd.**

Case number (if known) \_\_\_\_\_

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.



Debtor **Da Vinci Dental, Ltd.**

Case number (if known)

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To

26a.1. Alex Zorab  
First American Tax  
6600 S Pulaski Rd.  
Chicago, IL 60629

annual tax return

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are  
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. Five Star Bank

Debtor **Da Vinci Dental, Ltd.**

Case number (if known)

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Dr. James Ojeh	2047 Gardner Circle Aurora, IL 60503	President	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

- ☒ No  
☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value payment in lieu of salary - See Exhibit 1 to Statement of Financial Affairs
30.1 Dr. James Ojeh 2047 Gardner Circle Aurora, IL 60503	79121	3/17/23 -8/21/23	
Relationship to debtor President			
30.2 Tala Smile Design Ltd 2047 Gardner Cir E, Aurora, IL 60503	19173	9/1/22 to 7/4/23 See Exhibit 2	Payments for Health Insurance for Dr. Ojeh and IRS 941 taxes
Relationship to debtor Corporation Owned by Dr. James Ojeh			

Debtor **Da Vinci Dental, Ltd.**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.3	Audible 27 Washington St. Newark, NJ 07100	119.60 paid monthly at 14.95	7/31/2023 5/3/2023 5/30/2023 3/1/2023 11/14/2023 11/25/2022 11/29/2022 10/31/2022	audio book subscription
	Relationship to debtor None			
30.4	AMC Theater 2815 Show Place Naperville, IL 60564	\$179.20 Movie theater tickets	8-21-23 6-20-23 3-2-23 3-24-23 3-27-23 11-21-22 11-25-22 10-26-22 5-15-23	
	Relationship to debtor None			
30.5	Nicor Gas 1665 Birchwood Ave Des Plaines, IL 60018	\$467.01	June 13, 2023	Payment for Dr. James Ojeh instead of salary
	Relationship to debtor None			
30.6	Morton Arboretum 4100 Illinois Route 53 Lisle, IL 60532	193.75	5-8-23 5-15-23 5-29-23	Payment of expense instead of salary
	Relationship to debtor None			
30.7	FI GPS 215 Plymouth St Brooklyn, NY 11201	107.17	5/22/23	Payment instead of salary
	Relationship to debtor None			
30.8	Foxmoor clinic 2258 Ogden Ave Aurora, IL 60504	109.9	5/30/23	Payment instead of Salary
	Relationship to debtor None			

Debtor **Da Vinci Dental, Ltd.**

Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.9	<b>Dr. James Ojeh</b>	<b>417.38</b>	<b>8-7-23 1-30-23 6-5-23 1-28-22 3-8-23 11-21-22 3-8-23 10-28-22 3-20-23 3-27-23 2-27-23</b>	<b>Reimbursement for Meals</b>
	Relationship to debtor <b>President</b>			
30.10.	<b>Kindle</b>	<b>\$24</b>	<b>7/25/23 3/27/23</b>	<b>Payment instead of salary</b>
	Relationship to debtor			
30.11.	<b>Mercedes Benz Financial P.O. Box 961 Roanoke, TX 76262</b>	<b>\$1771.78</b>	<b>9/29/22</b>	<b>Payment instead of salary</b>
	Relationship to debtor <b>None</b>			
30.12.	<b>Comed PO Box 6111 Carol Stream, IL 60197</b>	<b>734.55</b>	<b>3/16/23 6/5/23</b>	<b>Payment instead of salary</b>
	Relationship to debtor <b>None</b>			
30.13.	<b>American Airlines P.O. Box 619616 Dallas, TX 75261</b>	<b>591.81</b>	<b>7/6/23</b>	<b>Payment instead of salary</b>
	Relationship to debtor <b>None</b>			
30.14.	<b>Jewel Osco</b>	<b>113.75</b>	<b>4/3/23</b>	<b>Payment instead of salary</b>
	Relationship to debtor <b>None</b>			
30.15.	<b>Genesis credit card</b>	<b>297.87</b>	<b>3/14/23</b>	<b>Payment instead of salary</b>
	Relationship to debtor			

Debtor Da Vinci Dental, Ltd. Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 6.	<b>Applied bank credit card</b>	<b>78</b>	<b>3/20/23</b>	<b>Payment instead of salary</b>
	Relationship to debtor <b>None</b>			
30.1 7.	<b>MYEYE DR</b>	<b>143</b>	<b>143</b>	<b>Payment instead of Salary</b>
	Relationship to debtor <b>None</b>			
30.1 8.	<b>Ready fresh water delivery</b>	<b>100.06</b>	<b>10/27/22</b>	<b>Payment instead of salary</b>
	Relationship to debtor <b>None</b>			
30.1 9.	<b>ALDI</b>	<b>39.9</b>		<b>payment taken instead of salary</b>
	Relationship to debtor <b>None</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_

/s/ James Ojeh

Signature of individual signing on behalf of the debtor

James Ojeh

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

<b>Exhibit to Question 4 to Statement of Financial Affairs</b>		
9/2/2022		\$ 750.00
9/6/2022		\$ 334.10
9/9/2022		\$ 750.00
9/12/2022		\$ 334.10
9/16/2022		\$ 750.00
9/19/2022		\$ 331.10
9/23/2022		\$ 750.00
9/26/2022		\$ 334.10
9/30/2022		\$ 750.00
10/3/2022		\$ 334.10
10/7/2022		\$ 750.00
10/11/2022		\$ 334.10
10/14/2022		\$ 750.00
10/17/2022		\$ 334.10
10/21/2022		\$ 750.00
10/25/2022		\$ 750.00
11/4/2022		\$ 750.00
11/14/2022		\$ 750.00
11/18/2022		\$ 750.00
11/25/2022		\$ 750.00
12/1/2022		\$ 750.00
12/13/2022		\$ 900.00
12/20/2022		\$ 900.00
12/27/2022		\$ 900.00
1/9/2023		\$ 180.00
1/10/2023		\$ 900.00
1/23/2023		\$ 180.00
2/7/2023		\$ 270.00
2/14/2023		\$ 270.00
2/28/2023		\$ 270.00
3/7/2023		\$ 900.00
3/21/2023		\$ 900.00
3/28/2023		\$ 459.00
4/4/2023		\$ 720.00
4/11/2023		\$ 900.00
4/18/2023		\$ 900.00
4/25/2023		\$ 900.00
5/2/2023		\$ 900.00
5/9/2023		\$ 900.00
5/16/2023		\$ 900.00
5/23/2023		\$ 900.00
5/30/2023		\$ 900.00
June 6 2023		\$ 900.00
13-Jun-23		\$ 900.00

20-Jun-02		\$	900.00
27-Jun-02		\$	900.00
5-Jul-20		\$	900.00
11-Jul-02		\$	900.00
25-Jul-02		\$	459.00
1-Aug		\$	459.00
8-Aug		\$	459.00
15-Aug		\$	459.00
22-Aug		\$	459.00
8/29/2023		\$	459.00
		\$	35,938.70

<b>Exhibit 2 Payments made to corporation Tala Smile Design LTD to Question 30</b>	
7-4-23	\$1,350.00
6-18-23	\$888.00
6-30-23	\$810.00
5-5-23	\$1,530.00
4-19-23	\$450.00
4-27-23	\$1,008.00
3-10-23	\$960.00
2-1-23	\$720.00
2-1-23	\$450.00
1-3-23	\$540.00
1-5-23	\$450.00
1-6-23	\$360.00
1-7-23	\$1,111.00
1-24-23	\$500.00
12-8-22	\$1,260.00
12-23-22	\$93.00
12-24-22	\$63.00
11-10-22	\$777.00
10-22-22	\$3,000.00
10-19-22	\$864.00
10-9-22	\$540.00
10-2-22	\$360.00
9-6-22	\$540.00
9/1/2022	\$549.00
9/1/2022	
<b>Total</b>	<b>\$19,173.00</b>



<b>Exhibit 3 to Statement of Financial Affairs Question 30</b>	
<b>Date</b>	<b>Amount</b>
8-21-23	\$ 111.00
8-11-23	\$ 333.00
8-16-23	\$ 111.60
8-8-23	\$ 180.00
7-17-23	\$ 333.00
7-17-23	\$ 63.00
7-12-23	\$ 180.00
7-12-23	\$ 63.00
7-1-23	\$ 180.00
7-1-23	\$ 96.30
7-6-23	\$ 180.00
7-3-23	\$ 639.00
7-3-23	\$ 369.00
7-3-23	\$ 369.00
7-3-23	\$ 333.00
6-28-23	\$ 54.45
6-23-23	\$ 333.00
6-20-23	\$ 369.00
6-15-23	\$ 333.00
6-14-23	\$ 111.00
6-13-23	\$ 333.00
6-12-23	\$ 36.90
6-6-23	\$ 2,340.00
6-5-23	\$ 333.00
5-30-23	\$ 333.00
5-36-23	\$ 888.00
5-25-23	\$ 333.00
5-23-23	\$ 333.00
5-23-23	\$ 333.00
5-22-23	\$ 111.60
5-15-23	\$ 63.00
5-11-23	\$ 333.00
5-11-23	\$ 333.00
5-5-23	\$ 111.60
5-4-23	\$ 444.60
5-2-23	\$ 333.00
5-1-12	\$ 540.00
5-1-23	\$ 270.00
5-1-23	\$ 33.33
5-1-23	\$ 8.88
4-3-23	\$ 222.30

4-3-23	\$	111.60
4-3-23	\$	111.60
3-28-23	\$	333.00
3-27-23	\$	111.60
3-23-23	\$	450.00
3-21-23	\$	630.00
3-20-23	\$	360.00
3-20-23	\$	360.00
3-20-23	\$	333.00
3-20-23	\$	333.00
3-15-23	\$	333.00
3-10-23	\$	444.00
3-10-23	\$	333.00
3-10-23	\$	333.00
3-8-23	\$	333.00
3-8-23	\$	270.00
3-6-23	\$	3,600.00
2-28-23	\$	81.81
2-27-23	\$	111.60
2-27-23	\$	72.00
2-24-23	\$	111.60
2-23-23	\$	222.30
2-22-23	\$	333.00
2-21-23	\$	1,600.00
2-21-23	\$	333.00
2-21-23	\$	222.30
2-21-23	\$	180.00
2-21-23	\$	111.60
2-13-23	\$	900.00
2-13-23	\$	150.00
2-12-23	\$	111.60
2-13-23	\$	90.00
2-10-23	\$	111.00
2-6-23	\$	333.00
2-6-23	\$	93.60
2-3-23	\$	1,530.00
2-3-23	\$	306.00
2-2-23	\$	450.00
201-23	\$	111.60
1-27-23	\$	333.00
1-27-23	\$	333.00
1-27-23	\$	111.60
1-24-23	\$	630.00
1-24-23	\$	180.00
1-25-23	\$	96.30
1-23-23	\$	96.30
1-20-23	\$	333.00
1-2-23	\$	111.10

1-18-23	\$	90.00
1-18-23	\$	40.00
1-13-23	\$	222.30
1-12-23	\$	1,800.00
1-12-23	\$	333.00
1-10-23	\$	1,800.00
1-9-23	\$	333.00
1-6-23	\$	180.00
1-4-23	\$	1,206.00
1-3-23	\$	63.00
1-3-23	\$	63.00
12-3-22	\$	160.00
12-29-22	\$	96.00
12-29-22	\$	63.00
12-29-22	\$	54.00
12-20-22	\$	63.00
12-19-22	\$	963.00
12-19-22	\$	111.60
12-15-22	\$	1,233.00
12-12-22	\$	333.00
12-12-22	\$	111.60
12-9-22	\$	111.60
12-7-22	\$	333.00
12-6-22	\$	555.00
12-6-22	\$	171.00
12-2-22	\$	207.00
12-2-22	\$	111.60
11-30-22	\$	69.39
11-28-22	\$	72.72
11-28-22	\$	45.45
11-25-22	\$	963.00
11-25-22	\$	33.30
11-23-22	\$	333.00
11-23-22	\$	240.00
11-23-22	\$	222.60
11-23-22	\$	222.30
11-21-22	\$	333.00
11-21-22	\$	222.60
11-18-22	\$	333.00
11-15-22	\$	123.30
11-15-22	\$	111.00
11-15-22	\$	22.23
11-14-22	\$	111.60
11-14-22	\$	111.60
11-10-22	\$	222.30
11-10-22	\$	27.00
11-9-22	\$	111.60
11-9-22	\$	72.00

11-7-22	\$	111.00
11-7-22	\$	96.30
11-3-22	\$	333.00
10-31-22	\$	222.30
10-24-22	\$	1,500.00
10-24-22	\$	333.00
10-21-22	\$	2,510.00
10-21-22	\$	333.00
10-21-22	\$	333.00
1020-22	\$	333.00
10-19-22	\$	2,223.00
10-13-22	\$	369.00
10-11-23	\$	630.00
10-6-22	\$	222.30
10-4-22	\$	333.00
10-4-22	\$	222.30
10-3-22	\$	3,330.00
10-3-22	\$	111.60
10-3-22	\$	93.33
9-29-22	\$	180.00
9-28-22	\$	222.30
9-27-22	\$	111.60
9-26-22	\$	333.00
9-21-22	\$	279.00
9-20-22	\$	54.45
9-19-22	\$	222.30
9-19-22	\$	111.60
9-15-22	\$	222.30
9-6-22	\$	333.00
9-2-22	\$	1,116.00
8-15-23	\$	333.00
8-14-23	\$	111.60
8-10-23	\$	333.00
8-7-23	\$	333.00
8-2-23	\$	36.00
7-25-23	\$	333.00
7-24-23	\$	333.00
7-24-23	\$	270.00
7-24-23	\$	96.30
7-17-23	\$	111.00
6-30-23	\$	161.00
6-29-23	\$	1,111.00
6-27-23	\$	810.00
6-27-23	\$	333.00
6-26-23	\$	693.00
6-23-23	\$	369.00
6-20-23	\$	333.00

6-20-23	\$	333.00
6-16-23	\$	333.00
6-13-23	\$	888.00
6-12-23	\$	540.00
6-5-23	\$	333.00
5-24-23	\$	3,333.00
5-24-23	\$	111.60
5-18-23	\$	963.00
5-17-23	\$	366.39
5-15-23	\$	450.00
5-1-23	\$	333.00
5-1-23	\$	222.00
5-1-23	\$	54.00
4-7-23	\$	111.60
4-24-23	\$	333.00
4-17-23	\$	33.30
4-17-23	\$	9.63
3-17-23	\$	1,260.00
TOTAL	\$	79,121.46

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Da Vinci Dental, Ltd.**

Debtor(s)

Case No.

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>12,000.00</b>
Prior to the filing of this statement I have received .....	\$	<b>9,000.00</b>
Balance Due .....	\$	<b>3,000.00</b>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Dr. James Ojeh**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**September 11, 2023**

*Date*

**/s/ O. Allan Fridman**

**O. Allan Fridman 6274954**

*Signature of Attorney*

**Law Office of Allan Fridman**

**555 Skokie Blvd 500**

**Northbrook, IL 60062**

**847-412-0788 Fax: 847-412-0898**

**allan@fridlg.com**

*Name of law firm*

**RETAINER AGREEMENT  
BETWEEN O. ALLAN FRIDMAN,  
AS ATTORNEYS, AND DA VINCI DENTAL, LTD.. AS CLIENT**

**Preambles**

Whereas, s DA VINCI DENTAL, LTD. ("the Debtor") has experienced financial difficulties and cannot currently pay its creditors according to the terms of installment agreements; and

Whereas, due to the financial difficulties the Client has determined to file a Chapter 11 Bankruptcy;

Whereas the Client and the Attorneys desire to reduce to writing the terms of the Agreement regarding the Attorneys' representation of the Client in relation to the Chapter 11 case;

Now therefore, in consideration of the obligations of the Attorneys and the Client set forth herein, the Parties hereby agree as follows:

**Article 1. The Attorneys' Duties**

1.1 The Attorneys shall represent generally the Client in the workout/Chapter 11 proceeding, including negotiating a plan of reorganization, drafting of a disclosure statement, and the various administrative duties attendant to such a case. The Client understands that some of the matters involved may be complex. Client understands that further investigation by the Attorneys and/or other future events may from time to time change the Attorneys' advice regarding any and all matters brought to them, perhaps materially so. The Attorneys are not obligated to begin or to continue to prosecute or defend any claim that in their sole professional judgment is or becomes objectively or subjectively frivolous, can only be brought in bad faith, or whose continued prosecution comes to constitute bad faith, violates or comes to violate any rule or code of professional ethics, or has or comes to have so little chance of success on the merits that it is not reasonable to expect the Attorneys to continue to invest their time in the prosecution thereof. The Attorneys may advise Client to settle any or all of Client's particular matters in which they become involved.

1.2 If the Client should not act with absolute honesty and integrity with the Attorneys, then the Attorneys may either decline to represent the Client or discontinue such representation immediately and in either such case, the Client agrees not to object to the Attorneys' withdrawal for such reasons in any way.

1.3 Nothing in this Agreement shall prohibit either of the Parties from describing or clarifying the Attorneys' representation regarding a particular matter.

**Article 2. The Attorneys' Authority To Act**

2.1 In matters of professional responsibility, the Attorneys shall act in their own discretion as they deem proper under the applicable rules of court and the Illinois Code of Professional Responsibility and/or the Rules of the United States District Court/Bankruptcy Court for the

Northern District of Illinois, or such other court(s) wherein the Attorneys may come to represent the Client (collectively "ICPR"), and without any direction from the Client. However, the Client remains free to comment on any aspect of the Attorneys' professional conduct and is encouraged by the Attorneys to do so at any time.

2.2 The Attorneys recognize that it is the Attorneys' general duty to carry out the directions of their principal, the Client, but the Client recognizes that their agents, the Attorneys, are possessed of special skills and training in legal matters beyond those of the Client. Therefore, in matters of general strategy, the Attorneys shall follow the general directions of the Client where such direction does not impinge upon the Attorneys professional responsibilities in any or all matters, or the Attorneys' professional judgment in matters concerning which a full consultation with the Client is not practical-for example, and certainly without limitation, how to proceed in open court, when Client cannot be reached, or when immediate action is needed.

2.3 Anything herein to the contrary notwithstanding, nothing herein shall be construed to limit the Attorneys' responsibilities under the ICPR, but it is the Parties' desire that the provisions hereof be liberally construed to the extent possible to conform to said [ICPR. Should any provision hereof be found to violate the said [CPR, such finding shall not affect the remaining provisions hereof unless such finding would substantially and materially affect the basic purposes hereof, which are to provide the Client with legal representation and to provide for reasonable payment to the Attorneys.

### **Article 3. The Attorneys' Fees**

3.1 The Debtor has agreed to pay the Attorneys a retainer of Twelve Thousand Dollars (\$12,000.00) plus filing fees subject to court approval. The Bankruptcy Court may award future retainers and fees.

3.2. All retainers described herein, including all future retainers, are expressly agreed to be "advance payment retainers" as described in *In re Production Associates, Ltd.*, 264 B.R. 180 (Bkrtcy. N.D.I.L.2001) and *Dowling v. Chicago Options Associates, Inc.*, 2007 WL 1288279 (111.). The Attorneys will commingle the retainer and any future retainer(s) immediately upon receipt with their general funds being obligated only to refund an amount equal to the unearned portion thereof, if any (and not the actual retainer funds themselves), promptly after the termination of the Attorneys' services. Ordinarily, Client has the option to request that the retainer be considered a "security retainer" where Client continues to have an interest in the funds, but Client recognizes and agrees that the Attorneys would not undertake the representation on that basis. The Attorneys are obligated by the *Dowling* case to advise Client of the reason they would decline to represent Client on a security retainer bases, and that reason is the Attorneys do not desire even potentially to compete with the creditors of the debtor-Client. This is advantageous to Client in the Attorneys' opinion because the *Dowling* case makes specific reference to creditor problems as a reason justifying the advance payment retainer over the security retainer.

3.3. The Parties hereto understand and acknowledge that the amount of services to be provided by the Attorneys and the outcome of the representation are extremely difficult to predict. Compensation will be paid to the Attorneys at their customary hourly rates (including all para-professional staff) as they exist from time to time. The rates are currently \$450.00 for



O. Allan Fridman changes in rates will be shown on statements sent to the Client by showing each hourly rate being charged for the period involved in the bill.

3.4 All costs charged to the Client, all expenses incurred, and disbursements made by the Attorneys on the Client's behalf in connection with this matter will be payable by the Client in addition to the professional fees. Such expenses typically include but are not limited to: accountants or other expert witnesses and consultants, transcripts, long distance telephone calls, photocopying, messengers, travel costs (both local and longer distances), and electronic mail services. The foregoing list is by way of example only, and the omission of any charge, expense, or disbursement from said list is not intended as a limitation for such possible charges. The Client is responsible for, and shall pay immediately when billed, for the Attorneys' out of pocket costs and for certain expenses billed at standard rates without an exact computation of the Attorneys' costs (such as photocopies not sent to an outside service).

3.5 The Attorneys will be paid through the presentation of applications for compensation presented to and subject to the approval of the bankruptcy court. The Client may be heard regarding any requested fees and reimbursement of requested expenses.

3.6 Client acknowledges s/he/it understands that:

A. This is NOT a "flat fee" case, but rather the lawyer's fees are calculated on the basis of the number of hours the lawyer works times the lawyer's hourly rate.

JO [Please Initial]

B. Depending on how many hours the lawyer works, the lawyer's bill may be greater than the initial retainer and even subsequent retainers, perhaps substantially so.

JO [Please Initial]

C. All retainers called for in this Agreement become solely the lawyer's property when paid, subject to the return to the Client of any unused hourly portion thereof after payment of the Client's costs, all as more fully described above.

JO [Please Initial]

D. The Client's costs described above are IN ADDITION TO the lawyer's fees.

JO [Please Initial]

E. If the lawyer's fees and costs are approved by a Bankruptcy Court, the Bankruptcy Court generally also allows the lawyer to charge for the preparation of the Court papers and Court papers and other work necessary to obtain payment of the lawyer's fees and costs.

JO [Please Initial]

#### **Article 4. General Provisions**

4.1 This Agreement shall be construed under a rule of reasonableness at the time it was entered, examining any provision thereof with a mind that the Parties hereto were acting in good faith and without oppression, attempting to reach a fair and equitable means on which the Attorneys could pursue the Client's interests on behalf of the Client and be paid the reasonable fees provided for herein. All actions taken in accordance herewith shall be construed under a rule of reasonableness as of the time they were taken.

4.2 This Agreement shall be construed according to the laws of the State of Illinois, where it arose, and where it shall substantially or totally be performed. For these reasons, also, venue of any dispute arising out of this Agreement is hereby set exclusively in any Court having subject matter jurisdiction located in Cook County, Illinois, and the Parties agree to submit to the jurisdiction of any such Court.

4.3 The Client may discharge the Attorneys at will.

4.4 This Agreement may be signed in Counterparts.

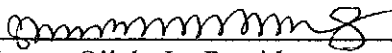
#### **Article 5. Legal Advice Regarding This Agreement**

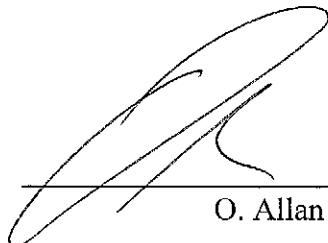
5.1 The Attorneys are not representing the Client regarding its entering this Agreement, nor are they rendering any legal advice to the Client regarding same.

5.2 The Client acknowledges and represents that the Attorneys have advised it that it should retain its own independent legal opinion (meaning from legal counsel other than the attorneys) regarding it entering this Agreement with the Attorneys, and that the Client has indeed obtained that independent legal advice or has knowingly waived its right to obtain such independent advice.

The Client is strongly urged and entreated by the Attorneys to obtain such outside, independent, legal opinion of the lawyer or lawyers of its choice before entering this Agreement, and to have said independent attorneys make any inquiries regarding this Agreement as they may so desire.

AGREED  
Da Vinci Dental, Ltd.

  
James Ojeh, Its President

  
O. Allan Fridman

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Da Vinci Dental, Ltd.**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **September 11, 2023**

Signature **/s/ James Ojeh**  
**James Ojeh**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Da Vinci Dental, Ltd.** Debtor(s) Case No. \_\_\_\_\_  
Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **18**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **September 11, 2023**

**/s/ James Ojeh**  
**James Ojeh/President**  
Signer/Title

1000 Ogden Partners  
Steve Steinmetz  
1000 East Ogden  
Naperville, IL 60563

Alex Darcy  
Darcy & Devassy  
444 N. Michigan Suite 3270  
Chicago, IL 60611

American Express  
PO BOX 6031  
Carol Stream, IL 60197-6031

Business Backer LLC  
10856 Reed Hartman Hwy,  
Suite 100  
Cincinnati, OH 45242

Dr. James Ojje  
2047 Gardner Circle  
Aurora, IL 60503

Five Star Bank -SBA Loan  
2240 Douglas Boulevard, Suite 100  
Roseville, CA 95661

Forward Financing  
53 State Street  
Fax: (617) 981-6910  
Boston, MA 02109

Illinois Department of Revenue  
BANKRUPTCY UNIT  
PO Box 19035 fax 2177852635  
Springfield, IL 62794

Internal Revenue Service  
CENTRALIZED INSOLVENCY OPERATIONS  
PO BOX 7346  
Philadelphia, PA 19101-7346

John Reding, Asst. Atty. Gen.  
100 W. Randolph St., Ste. 13-222  
f:3128143589 (john.reding@ilag.gov)  
Chicago, IL 60601

PATRICIA HILL  
7570 Bales ST  
Suite 220  
West Chester, OH 45069

Radius Global Solutions LLC (former  
PO BOX 357  
Ramsey, NJ 07446

Tala Smile Ltd  
1000 Ogden Dental  
Naperville, IL 60563

U.S. Attorney, Civil Process Clerk  
Attn. David Decelles  
219 S. Dearborn St., Rm. 500  
Chicago, IL 60603

US Bank  
PO Box 790408  
Saint Louis, MO 63179

US Bank Equipment Finance  
1310 Madrid St  
Marshall, MN 56258

US Small Business Administration  
500 W. Madison Street  
Suite 1150  
Chicago, IL 60601

US Small Business Administration  
2 North Street  
Suite 320  
Birmingham, AL 35203

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Da Vinci Dental, Ltd.**

Debtor(s)

Case No.

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Da Vinci Dental, Ltd.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**September 11, 2023**

Date

**/s/ O. Allan Fridman**

**O. Allan Fridman 6274954**

Signature of Attorney or Litigant  
Counsel for **Da Vinci Dental, Ltd.**

**Law Office of Allan Fridman**

**555 Skokie Blvd 500**

**Northbrook, IL 60062**

**847-412-0788 Fax:847-412-0898**

**allan@fridlg.com**